



Development of the Kansas Medical Home Model

Background

The medical home concept and its focus on preventive care was one of three tenets of the Kansas Health Policy Authority's health reform package in 2007, with the goals of improving the quality of primary health care, promoting improved health status, and helping control the rising costs of health care. The KHPA Health Reform Recommendations integrated a number of policy options designed to advance the medical home model in Kansas, including:

- Defining a medical home in statute and encouraging Medicaid and HealthWave as well as State Employee Health Benefit Plan (SEHBP) beneficiaries to select a medical home for primary care services;
- Increasing Medicaid/HealthWave reimbursement for primary care services consistent with a medical home and "value-based health care";
- Developing and promoting a statewide Community Health Record for Medicaid/HealthWave beneficiaries and for the SEHBP recipients; and
- Adopting recommendations from Advanced ID Card Project for Medicaid/HealthWave beneficiaries and for SEHBP enrollees.

2008 Legislative Session

During the 2008 legislative session House Substitute for Senate Bill 81 was passed and this legislation defined the medical home in Kansas statute. As stated in the statute, the Kansas definition of a medical home is "a health care delivery model in which a patient establishes an ongoing relationship with a physician or other personal care provider in a physician-directed team, to provide comprehensive, accessible and continuous evidence-based primary and preventive care, and to coordinate the patient's health care needs across the health care system in order to improve quality and health outcomes in a cost effective manner." The bill also instructed that the KHPA should incorporate the use of the medical home model into Medicaid, HealthWave, the MediKan program, and the SEHBP. The KHPA was also instructed in the bill to develop systems and standards for implementation and administration of a medical home in Kansas.

Phase One in Operationalizing the Medical Home Concept in Kansas

The KHPA is now taking steps to operationalize the medical home concept. In June of this year, several KHPA staff attended the Commonwealth Fund's State Quality Improvement Institute, where they discussed strategies for developing and implementing the medical home in Kansas. KHPA is using an adapted Commonwealth Fund definition of the medical home with the emphasis on transforming the health care system from one that reacts once someone gets very sick to one that provides proactive, comprehensive, and coordinated care to keep people with chronic illnesses as healthy as possible and helping healthy people maintain their health through prevention and promotion activities. Currently less than 50 percent of Kansas children have a medical home

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and the Quality Institute will assist Kansas in developing strategies to improve our performance on that quality indicator. The KHPA team chose two indicators to measure progress of the medical home model: 1. Eighty-five percent of children in Kansas will have a medical home, and 2. Reduce avoidable hospitalizations for pediatric asthma in Kansas to no more than 82 per 100,000 children aged 0 to 17 years. A plan was laid out to meet these objectives, and includes multiple phases. Phase I activities include:

- Agency and KDHE staff met in July/August/September, 2008 to develop a draft blueprint to guide stakeholder discussions
- Beginning in September, key stakeholders began regular meetings in September to evaluate the applicability of national medical home principles and standards, develop potential pilot projects, and solicit feedback from primary care providers and consumers throughout the state with recommendations submitted to the KHPA Board in March.
- Health literacy criteria will also be selected as an element of the medical home concept
- A communications strategy will be formulated to facilitate medical home discussion among Kansas consumers, providers, and policymakers
- The “Medicaid Transformation Plan” for Kansas has been finalized and includes delineation of specific policies to promote adoption of a medical home for various Medicaid populations

The role of the KHPA will be to facilitate the development of a medical home model for Kansas based on feedback from and in collaboration with providers, consumers, health plans, and purchasers. The model should build on the research and findings from national leaders but acknowledge the challenges and opportunities in creating a medical home in rural and urban communities in Kansas.